

6-2015

COMPASSION FATIGUE, BURNOUT, AND SELF-CARE: WHAT SOCIAL WORK STUDENTS NEED TO KNOW

Larry William Smith
lsmith2020@yahoo.com

Follow this and additional works at: <http://scholarworks.lib.csusb.edu/etd>

Recommended Citation

Smith, Larry William, "COMPASSION FATIGUE, BURNOUT, AND SELF-CARE: WHAT SOCIAL WORK STUDENTS NEED TO KNOW" (2015). *Electronic Theses, Projects, and Dissertations*. Paper 206.

This Project is brought to you for free and open access by the Office of Graduate Studies at CSUSB ScholarWorks. It has been accepted for inclusion in Electronic Theses, Projects, and Dissertations by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

COMPASSION FATIGUE, BURNOUT, AND SELF-CARE:
WHAT SOCIAL WORK STUDENTS NEED TO KNOW

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Larry William Smith

June 2015

COMPASSION FATIGUE, BURNOUT, AND SELF-CARE:
WHAT SOCIAL WORK STUDENTS NEED TO KNOW

A Project
Presented to the
Faculty of
California State University,
San Bernardino

by
Larry William Smith

June 2015

Approved by:

Dr. Zoila Gordon, Faculty Supervisor, Social Work
Dr. Rosemary McCaslin, M.S.W. Research Coordinator

© 2015 Larry William Smith

ABSTRACT

This thesis attempted to examine the impact of self-care, compassion fatigue and burnout on social work students. This was achieved through the use of a Demographic Survey, the Self-Care Assessment, the Professional Quality of Life-IV (ProQOL-IV) survey, and the Maslach Burnout Inventory Human Services Survey (MBI-HSS). A total of three research questions were examined statistically, that included: the most common methods of self-care employed, the overall levels of compassion fatigue, and the overall levels of burnout. Title 4e was also taken into consideration when developing and designing the questions and summary recommendations. Questionnaires were sent out electronically, with an actual response rate of twenty eight percent. A Spearman's Correlation, Cronbach Alpha, and t-test were used to analyze the data to determine if certain variables were affected when compared to each other. There was evidence by the data that the participants are very knowledgeable of self-care in such areas as spirituality, psychological care, emotional care, and a balanced work/professional life. The area that did show a difference was between age and self-care. Older students tended to have lower burnout and compassion fatigue issues compared to their younger counterparts.

For future research, it is recommended that similar studies be conducted on BASW and MSW students to insure they have a clear understanding of burnout, how to it happens, and how best to avoid it.

ACKNOWLEDGEMENTS

To all the people that came before me, those who paved the way to make my journey not easier but smoother. Thank you for the years of love, support, encouragement, trust, and the willingness to let me dream big. To Dan Barrows who refused to shut up about me completing my Master's Degree in Social Work. To Ron Ross, former Regional Administrator for Los Angeles County Department of Children and Family Services, who encouraged me to pursue not just an MSW but a master's degree in business or public administration which I completed in 2012. Thank you both for being excellent professionals and having the heart to push to me beyond my abilities.

I also want to thank all the people that ever came across my path that for their own insecure reasons decided to act and treat me like dirt. The moments you wouldn't give me the time of day, judged, or treated me like I wasn't worth your effort. I could name you but then that would be giving you more attention than you deserve. Your horrible treatment and lack of respect only inspired me to become more than I could have ever imagined. To be the holder of two master's degrees verifies the ultimate truth, "The Best Revenge in life is Looking Good." Well look at me.....

DEDICATION

I dedicate this thesis and the three academic degrees I possess, MSW, MBA, and BA in Sociology to my Lord and Savior Jesus Christ. It took your love and patience with me to see that you can and will use all things for your glory. That you have eternity in mind when you guide our hearts with our hopes and dreams in mind. I love you

I dedicate this body of work to my loving family, my wife Jen, and my three children, David, Jonathan, and Gabby. Thank you for believing in me and allowing me to follow my dreams of not one master's degree but two in five years. And yes dad is finally finished with school. I thank you for the countless hours of time you sacrificed for me so I could study, read, and complete projects. I hope I was an inspiration to all of you that hard work, dedication, goals, and dreams can help you achieve greatness in our lives. To be more than those who came before you.

Because of the nature and topic of this thesis, I also dedicate this study to the social workers of the world. A group of people who desire to see healing, love, hope, and empowerment impact the lives of those who are suffering. But who also recognize that such commitment usually comes at a cost, our passion for the profession. The pay is low, the hours are long, but the rewards are eternal.

TABLE OF CONTENTS

ABSTRACT	iii
ACKNOWLEDGEMENTS.....	iv
LIST OF TABLES	viii
CHAPTER ONE: INTRODUCTION	
Introduction	1
Problem Statement	1
Purpose of the Study.....	3
Significance of the Project for Social Work	5
CHAPTER TWO: LITERATURE REVIEW	
Introduction	7
Self-Care.....	7
Compassion Fatigue	9
Burnout	10
Theories Guiding Conceptualization	14
Definition of Terms	14
Self-Care.....	15
Compassion Fatigue	17
Burnout	18
Summary.....	19
CHAPTER THREE: METHODS	
Introduction	21
Research Design	21

Sampling	22
Data Collection Instruments	23
Measurement Tools	24
Procedures.....	26
Protection of Human Subjects.....	26
Data Analysis	27
Summary	27
CHAPTER FOUR: RESULTS	
Introduction.....	28
Presentation and Findings	28
Demographics.....	30
Treatment.....	35
Results.....	35
Self-Care Assessment	35
ProQOL-IV	37
MBI-HSS	38
Research Question One.....	39
Age and Self-Care.....	41
Research Question Two.....	42
Research Question Three	43
Impact on Title 4e Students	45
Summary	46
CHAPTER FIVE: DISCUSSION	
Introduction	48

Discussion	48
Recommendations for Social Work Practice, Policy and Research	50
Limitations of the Study.....	53
Summary	54
Impact on Title 4e Students	55
APPENDIX A: SELF-CARE ASSESSMENT WORKSHEET	56
APPENDIX B: INFORMED CONSENT	60
APPENDIX C: DEBRIEFING STATEMENT	62
APPENDIX D: DEMOGRAPHICS	64
APPENDIX E: MBI-HSS HUMAN SERVICES SURVEY	67
APPENDIX F: PROFESSIONAL QUALITY OF LIFE SCALE	70
REFERENCES.....	73

LIST OF TABLES

Table 1. Gender of Participants	30
Table 2. Age of Participants	31
Table 3. Ethnicity of Participants	31
Table 4. Income of Participants	32
Table 5. Educational Level of Participants.....	32
Table 6. Spirituality	33
Table 7. Marital Status of Participants	33
Table 8. Years Exposed to Social Work	34
Table 9. Undergraduate Degrees of Participants.....	34
Table 10. Self-Care Assessment Subscale Reliability	37
Table 11. ProQOL-IV Subscale Reliability	38
Table 12. MBI-HSS.....	39
Table13. Participants Level of Importance of Self-Care	41
Table14. Group Statistics between BASW and MSW Students	41
Table15. Spearman's Correlation between Age and Self Care	42
Table16. ProQOL-IV Results for Students.....	43
Table 17. MBI-HSS Results for Students	44

CHAPTER ONE

INTRODUCTION

Introduction

This chapter will provide an explanation of the problem, the purpose of this study, and its significance to the field of social work. The position of a social worker is difficult due to demanding clients, high caseloads, and a tremendous amount of paperwork. Given these demands, social workers struggle with exhaustion, compassion fatigue, and burnout. In studying the impact of self-care, compassion fatigue and burnout on social work students, measuring their prevalence and effects, and identifying their predictors it is possible to identify more complete methods of addressing them.

Problem Statement

Self-care, compassion fatigue, and burnout have been topics of increased consideration within the field of social work for a number of years. Social work is a field that requires working with traumatized clients in high stress environments. Such exposure to secondary trauma can lead a worker to premature burnout. It is imperative that the signs and consequences of compassion fatigue and burnout be researched to gain insight into better preventative methods. Knowledge of and adherence to appropriate methods of self-care are essential for overall wellbeing and continued professional competence. Social work students entering the field of social work have a professional obligation to care for themselves in the pursuit of caring for others or they will serve no purpose. In studying the impact of self-

care, compassion fatigue, and burnout on social work students, measuring their prevalence and effects, and identifying their predictors, it is possible to identify more complete methods of solving such an important issue.

This study examined the extent of self-care that BASW and MSW students engage in to determine their ability to regulate their emotional needs with regards to burn out and compassion fatigue. Using the demographic factors of social work students in bachelor's and master's level education programs, it can identify predictors of the subscales of the Professional Quality of Life Scale (ProQOL-IV) and MBI Human Services Survey (MBI-HSS) (Maslach & Jackson, 1996; Stamm, 2009). The research bears significance to the field of social work because it seeks to identify methods and impacts of self-care, and predictors of compassion fatigue and burnout on social work students who will soon be entering the field of social work as professionals. Findings may have implications for institutions of social work education in regards to helping support reported methods of social work students' self-care and develop measures that institutions can use to alleviate compassion fatigue and burnout.

Self-care, compassion fatigue, and burnout have not been studied from the perspective of social work students in bachelor and graduate level programs. However, these students' functioning after graduation is essential to the health of the field of social work and requires increased attention. And because the profession of social work is becoming even more demanding due to the changing economic times, fatigue and burn out must be addressed even more so. The

topics being addressed by social workers have changed from the welfare mother to school bullying, national trauma such as 9-11, increased mental health issues in children, and the impact of the global economy on families. (Reardon, C. Page 10, 2011). The need for self-care is imperative to retaining qualified workers to face these increasing demands.

Purpose of the Study

The research aimed to measure the most frequently used self-care methods via the use of the Self-Care Assessment, and overall levels of compassion fatigue and burnout via the use of the Professional Quality of Life Scale (ProQOL-IV) and Maslach Burnout Inventory Human Services Survey (MBI-HSS) of social work students in the CSUSB education program (Maslach & Jackson, 1996; Saakvitne & Pearlman, 1996; Stamm, 2009).

This research project was designed to identify if BASW and MSW students are prone to experiencing professional burnout and the self-care methods they currently employ. Once those steps are identified, the BASW and MSW students can begin to implement new levels of self-care whether that is spending time more time with family or social relationships, seeking mental health services, or not entering the profession all together. Understanding the lack of self-care can help the student develop better coping skills when confronted with vicarious or secondary trauma. Determining that social work burnout is present early in a career, as opposed to later on, may require the professional to change their behavior, attitudes, routines, or habits.

Second, new studies must focus on “caring professionals and their emotional exhaustion from working with traumatized clients with regards to compassion fatigue”. (Adams, Boscarino, & Figley, 2006, p 62). While there exists research which has looked at levels of burnout in social work students (Han, Lee & Lee, 2012), little research exists into the levels of burnout based at the beginning of their social work careers.

It is not just secondary trauma that fuels exhaustion, but also a negative and toxic work environment. (Maslach and Leiter, 1997, p 17). Though there is not a national turnover rate for social workers, according to the American Professional Workers Association, 90 percent of states reported difficulty recruiting and retaining caseworkers. (McMahon, 1999). Given this truth, the steps and efforts required to identify and reach the current field of workers is challenging if not impossible. That is why studying BASW and MSW students can provide a more feasible chance to impact their current beliefs about self-care and why it is so important. Yet one caveat in the retention rate of social workers is whether or not they are a Title 4-E student. According to the CALSWEC Annual Report dated July 1, 2013–June 30, 2014, the retention rate of those students is eighty one percent. With the fact that some social work students receive federal grants from CALSWEC which essentially is \$38,000 paid over two years, the burnout rate is considerably lower. Possibly a link can be found to determine if receiving financial assistance while in school can help the retention rate

compared to those who did not receive assistance. (CALSWEC, July 1, 2013-June 30, 2014 (Page 11).

Significance of the Project for Social Work

No debate exists against the claim that ongoing self-care supports better mental health and helps prevent physical distress. Purported contributions to healthy, well-balanced social workers have been influenced by theories of stress, coping, and life-span development (Coster & Schwebel, 1997). Interestingly, the relationships between self-care practices, perceived stress, and psychological functioning have not been examined among social work students across the career-span. In addition, little empirical research has been conducted to explore changes in social workers' general patterns of practice across the career-span (Pingitore & Scheffler, 2005). With increased levels of experience, career goals may change, thus affecting self-care patterns. For example, Myers et al. (2012) states that more seasoned students may develop better strategies for coping with challenges of graduate school over time, and therefore perceive less stress than newer students. What this statement from Myers does not mention is if a seasoned student has a family or extensive outside activities that would add severe stress to the graduate student. Furthermore, the insight gained from the examination of these factors may facilitate increased attention to the assessment and reinforcement of self-care at various points in the career-span. Exploring perceptions of self-care among social work students is significant because it often overlooks their lack of understanding of the subject. Findings of this study

can help change social work practice by placing more attention on the student, their potential environment, and uncovering the extent of their needs, in order to improve their success once in the field. Such a study can help professors, BASW, MSW students, and County Children and Family Service agencies. Social work students will become more aware of the significance of self-care for their personal and professional growth.

CHAPTER TWO

LITERATURE REVIEW

Introduction

Self-care, compassion fatigue, and burnout are heavily blended within the field of social work (Maslach et al., 1996). The literature review sought to examine self-care, compassion fatigue, and burnout from a standpoint of what is known about the three subject areas, identify the components of each, making aware their impact on and relevance to social work students in the undergraduate and graduate program. The literature review adds to the knowledge of the subject areas and provides a lens through which to view the implications for social work students.

Self-Care

In spite of the challenges within the social work field, there is little research on actual methods of self-care and social workers' practices within the field. Although it is clear that self-care is of utmost importance, the National Association of Social Workers (2009) cites that, "professional self-care has not been fully examined or addressed within the profession" (p.268). However, it is widely viewed that self-care is essential to the work of caring for people (Weiss, 2004), and a major component of preventing compassion fatigue and burnout (Figley, 1995; Stamm, 2010). Self-care is called, "an essential underpinning to best practice in the profession of social work" by the National Association of Social Workers (Page 270, 2009). Because social workers are at increased risk

for the physical and emotional impact of stressors and burnout, self-care is of elevated importance for “ethical and professional behavior and providing competent services to clients across diverse settings” (Edelwich & Brodsky, 1980; National Association of Social Workers, (Page 271, 2009).

Social workers will encounter endless stressors as they assist clients in helping them identify their needs. Combine the factors related to the job and organization in which it is performed, interactions with clients, or personal characteristics of the individual social worker (Soderfeldt et al., 1995), the recipe for exhaustion and burnout remain high. Personal characteristics that are influenced by stress include low levels of energy, poor self-esteem, and an avoidant coping style rather than the courage or ability to face issues head-on (Maslach, Schaufeli, & Leiter, 2001). High levels of stress increase the potential for a mortal health failure of social workers (Ferraro & Nurridin, 2006). High stress will impair professional competence in the social work field (Maslach, et al., 1996). The clear link between stress, physical, and emotional health screams at the importance of professional self-care and its study within the field of social work.

Underscoring the importance of students developing an understanding of self-care, research cites a lack of practice experience, and education on the part of students concerning, “possible consequences to their mental and physical well-being” (Harr & Moore, Page 351, 2011). A study on the personal lives of undergraduate and graduate students, examining the impact of stress found that

within the first six months of school found the prevalence of stress upped the risk of physical maladies and emotional overload such as anxiety, sleep disturbance, and depression (Gopelrud, 1980).

As a group, social workers face the reality of an increased risk for depression due to the demands of the profession (Siebert, 2004). For students of social work, there are several considerations that may create an increased level of stress that may lead to impairment. One of these is the inexperience of social work students that enter an internship or field practicum with little or no exposure to vicarious trauma. The reality of coming into contact with people that are experiencing violence, poverty, or discrimination, can cause an intern to emotionally overload rather quickly. This inexperience can be called the gap between “theory and practice” that may cause panic and disillusionment for social work students experiencing fieldwork for the first time (Skovholt, 2001). Anxiety and fear are common feelings for students who must take what they have learned and apply it in field settings.

Compassion Fatigue

Compassion fatigue is indicated by a caregiver’s lack of interest or diminished capacity to function as an empathetic helper (Adams et al., 2006). It most often occurs in areas of social work where practitioners work directly with traumatized clients; however, compassion fatigue is also rooted in stressful work environments and organizations such as the educational environment (Bell, Kulkarni, & Dalton, 2003; Maslach, 2003). While compassion fatigue will spiral a

social worker towards burnout, it additionally can act as a construct that can be directly tied to work done specifically with traumatized clients (Figley, 1995; Maslach, 2003; McCann & Pearlman, 1990; Saakvitne & Pearlman, 1996; Valent, 2002). While organizational dysfunctions such as work environment can contribute to both compassion fatigue and burnout, respectively, exposure to trauma via vocationally-related items such as case files, training tools, or client interviews containing traumatic client stories may also contribute to compassion fatigue (Bell et al., 2003; Figley, 1995; Saakvitne & Pearlman, 1996; Sze & Ivker, 1986). Moreover, social workers in environments that directly serve clients who have had highly traumatic life experiences (such as child abuse and sexual assault) are at an elevated risk of compassion fatigue (Figley, 1995).

Social services environments in micro and macro areas such as communities and public policy have also been identified as being of particular importance in the advancement of compassion fatigue (Sze & Ivker, 1986). Also, age and experience are relevant to increased levels of stress, with young social workers and counselors being at a heightened risk to demonstrate signs of compassion-fatigue related symptoms (Bell et al., 2003).

Burnout

Burnout by itself can lead a social worker to elevated levels of stress, which is also a major contributor to compassion fatigue (Figley, 1995; Stamm, 2010). This stress is a cumulative response to overload created by heavy workload, time pressures, agency and court demands, severity of client

problems, lack of work resources, and lack of support from the supervisor (Bell et al., 2003; Figley, 1995; Maslach et al., 1996; Stamm, 2010). In addition, the coping skills or abilities of a social worker may play a part in how they respond to stress which leads to compromised psychological health and compassion fatigue, which increases a social worker's risk for experiencing burnout (Cunningham, 2004; Maslach et al., 1996). In addition, personality characteristics of low levels of energy, poor self-esteem, and an avoidant coping style, the burnout phenomenon is linked to neuroticism and Type-A behavior (Maslach et al., Page 400, 2001). Type-A personality is characterized by "extreme competitiveness, attention to time lifestyle, hostility which leads to paranoia, and an excessive need to control" (Maslach et al., Page 405, 2001). The stress that graduate level social work students place on themselves as well as the university to perform both academically and in a field setting may bring forth Type-A characteristics to the surface (Maslach, et al., 2001).

Kim, Ji, and Kao (2011), conducted a three year study and found that mental fatigue will impact the health of social workers within one year of exposure to vicarious and secondary trauma. Social workers with increased levels of burnout "experienced a greater decline in health over a one-year period". (Kim, 2011, p. 264). According to Maslach and Leiter, physical symptoms of burnout include, "headaches, gastrointestinal illness, high blood pressure, muscle tension, and chronic fatigue" (Maslach & Leiter, Page 68, 1997). Female social workers on average show increased signs of poor physical

health and exhaustion, (Kim et al., 2011; Maslach et al., 2001; Rupert & Kent, 2007). This finding is not surprising since 90% of social workers are female. The ultimate consequences of burnout have been found to be an increase in depression, physical health effects, and an upswing in career turnover (Kim & Stoner, 2008).

Burnout is, “a progressive loss of idealism, energy, and purposed experienced by people in the social work profession as a result of the conditions of their work” (Edelwich & Brodsky, 1980). Burnout occurs gradually, and research confirms that among undergraduate and graduate level social work students, social support and faculty-student interactions within the first six months of classes have a significant impact on student well-being (Goplerud, 1980; Grosch & Olsen, 1994; Maslach et al., 2001). Newly trained social workers are at the most at risk for emotional and psychological disillusionment due to lack of adequate guidance on the part of supervisors which will lead to burnout syndrome (Kim et al., 2011; Maslach et al., 2001).

With regards to the causes of burnout, lack of positive feedback or praise, unrealistic job demands, and poor managerial support are associated with mental health and emotional exhaustion (Evans et al., 2006). When considering job demands in social work, demands of relationships with clients and colleagues, the likelihood of excessive work demands, and interpersonal conflicts rise substantially (Edelwich & Brodsky, 1980).

In the realm of the social work students, feelings of insufficient resources or not feeling ready for the work of long hours between internship and study, lack of autonomy, and poor relationships with an immediate supervisor are factors attributed to work-related burnout that may be of particular relevance (Farber, 1983).

Just as burnout can occur due to work-related factors, it can also be caused by the very organization in which a student is interning. If a student's internship takes place in an organization that is perceived to have an absence of fairness where the key components of trust, openness, and respect are absent, this sets the stage for the building of burnout (Maslach & Leiter, 1997).

Organizations that encourage teamwork and see workers as more than objects that are disposable, are much less likely to promote burnout than are those that promote competition and are uncommitted to building the skills and abilities of workers (Maslach & Leiter, 1997). This is important because of students being interns in child protective services organizations are sponges for new information. That new information can be both positive and negative behavior and attitudes towards the profession and clients. It is important to consider the needs of the intern with regards to the field placement and their ability to adapt to a specific child protective services agencies as a whole (Maslach & Leiter, 1997). With an understanding of self-care, compassion fatigue, and burnout, the methods of self-care, the levels of compassion fatigue and burnout on a sample of social work students, can be identified.

Theories Guiding Conceptualization

In order to develop a realistic perspective which to view self-care, compassion fatigue, and burnout; it is important to examine the theory behind each one. This section began by illuminating the theories that surround self-care, compassion fatigue, and burnout; and ends with the limitations of this study and a definition of the terms used throughout this research.

Definition of Terms

Self-care can be defined as a form of self-soothing/nurturing methods that affirm and protect social workers as they provide care for others (Saakvitne & Pearlman, 1996). Charles Figley (1995), describes self-care as a plethora of options that can assist the physical, psychological, professional, interpersonal, and spiritual needs of the practitioner. Dorothea Orem's Theory of Self-Care describes self-care methods as a "deliberately performed result-seeking human regulatory function" (Denyes, 2001).

Compassion fatigue is known by the terms "secondary victimization, secondary traumatic stress, and vicarious traumatization" (Figley, 2002). According to Figley, compassion fatigue is a state in which health care professionals are, "affected by the trauma of another" (Figley, 2002). Maslach et al. (1996) define burnout as a "syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who work with people in traumatic situation". Burnout is can be

feelings of emotional exhaustion which can lead someone being unable to care for and meet their own mental health needs.

In conclusion, self-care is an on-going process in which a person addresses their needs in order to live a healthy and quality lead life. Compassion fatigue is a trauma syndrome that can impair personal and professional functioning affecting the capacity and ability of the practitioner to perform work with clients and perhaps resulting in effects upon the practitioner's personal life. And burnout is the lack of ability to control ones feelings and emotions towards the profession of social work and the needs of the clients (Denyes et al., 2001; Figley, 1995; 2002b; Maslach et. al., 1996; Saakvitne & Pearlman, 1996). These definitions will serve as a basis of understanding the areas of self-care, compassion fatigue, and burnout with respect to the following conducted research.

Self-Care

Self-Care theory was pioneered by nurse Dorothea Orem in the 1950's (Renpenning & Taylor, 2003). Orem describes self-care as, "a person's ability to care for individuals and yet still regulate their own functioning and development" (Orem, 2001). Her theory focused on nurses that sought to provide adequate skills and abilities for client self-care

The theory of self-care covers three important elements, self-care, self-care requisites, and self-care agency (Denyes, Orem, & SozWiss, 2001). A person must be attuned to their physical and mental health needs, while working

in the social work profession (Denyes et al., 2001). Identifying and employing mechanisms to address self-care needs results in, “deliberately produced care systems of therapeutic quality,” that “regulate human functioning and human development within norms” (Denyes et al., (Page 53), 2001). According to Orem, Self-care is essential during all stages of the life cycle, or situation-specific or contingent on immediate internal or external conditions (Orem, 2001). Healthy self-care methods can be life sustaining and crucial for a successful career. (Denyes et al., 2001). By having healthy self-care methods, a person can expect to lesson health related ailments such as heart disease, high blood pressure, or other potential ailments (Denyes et al., 2001).

Orem states that in order to fulfill self-care requisites, a person must possess what is known as self-care agency (Orem, 2001). Self-care modality is a person’s self-perceived ability to meet the needs of others and not at a detriment to themselves. This includes being aware of the need for self-reflection and the power to act when needed. (Orem, 2001). Self-care actions that are healthy and productive will help a social work professional achieve well-being, success, and longevity in the helping (Orem, (Page 50, 2001). In some cases, self-care may seem or become impossible due to actual or perceived self-care limitations (Orem, 1978). It is when a person finds difficulty in caring for themselves that a deficit exists which may require professional intervention such as nursing or social work (Orem, 2001).

Compassion Fatigue

A stressor is a, “demand, situation or circumstance that disrupts a person’s equilibrium and initiates the stress response of increased autonomic arousal” (Lloyd, King, & Chenoweth, 2002, p. 256). Adverse psychological outcomes such as compassion fatigue due to stressors may be increased for those who work in the caring professions, such as social work (Figley, 2002). In addition, stressors may also cause “emotional and physiological reactions” (Lloyd et al., 2002, p. 256). Known as “the cost of caring,” compassion fatigue has also been described interchangeably in research and literature through the terms secondary traumatic stress and vicarious trauma (Figley, 1995; Stamm, 2010).

Compassion fatigue is considered a component of burnout that occurs when levels of exhaustion, frustration, anger, depression, and secondary traumatic stress are elevated (Stamm, 2010). Compassion fatigue can best be viewed through the stress process framework model presented by Pearlin, (Pearlin, 1989), consisting of focus on both the psychological and physiological stress in social service practitioners’ lives (Adams et al., 2006; Boscarino, 2004; Figley, 1995; Harr & Moore, 2011).

This stress process framework is comprised of the elements of stressors, stress mediators, and stress outcomes (Pearlin, Menaghan, Lieberman, & Mullan, 1981).

Stressors begin as conscious or unconscious experiences or circumstances that become difficult, precarious, or menacing (Pearlin, 1989;

Pearlin et al., 1981). These experiences or circumstances may be external and environmentally or organizationally endemic. In turn, they may also be internal and spurred biologically or psychologically (Pearlin et al., 1981). Stressors are delineated into two main areas, those caused by life events and those caused by chronic strains (Pearlin, 1989). Life-event stressors are experiences that may be expected or unexpected and require sudden adjustment and change (Pearlin, 1989). Chronic strains are problems and threats that are of a long lasting duration (Pearlin, 1989). Life-event stressors and chronic strains are not mutually exclusive, and have the potential to build each other and cause adverse cognitive shifts such as diminished self-concept and decreased feelings of mastery in the stressed person (Pearlin et al., 1981). However, stressors do not always lead to adverse outcomes (Pearlin, 1989; Pearlin et al., 1981). The intensity of stress, duration, and final stress outcomes largely depend on mediating resources such as social supports and coping mechanisms (Pearlin, 1989; Pearlin et al., 1981). Inadequate mediating resources contribute to maladaptive stress outcomes, increasing the likelihood of negative physical and psychological results (Pearlin, 1989).

Burnout

The concept of burnout appeared in the mid-1970's, although its recognition as a valid psychological phenomenon and its effects as an occupational hazard did not occur until many years and much empirical research later (Maslach, 1993). Early research conducted by psychologist Herbert

Freudenberger (1974) gave rise to the use of the term “burnout” to describe the diminished emotional functioning, mental exhaustion, and an eventual loss of concentration and effort that are hallmarks of burnout syndrome (Lambie, 2006; Maslach, 1993; Soderfeldt, Soderfeldt, & Warg, 1995).

Initially, burnout was considered taboo in the human services fields. It was a social problem discussed quietly among professionals (Maslach & Schaufeli, 1993). Social psychologist Christina Maslach’s subsequent work has largely been recognized as foremost in the field of burnout. From her research, a multidimensional perspective of burnout that considers both the work environment and individual factors emerged (Maslach, 1993; Soderfeldt et al., 1995). Burnout’s has an effect on the three areas of life, emotion, depersonalization, and, the social workers feelings of personal accomplishment (Maslach, Jackson, & Leiter, 1996). Emotional exhaustion describes a feeling of personal deficit that results from a social worker giving beyond their ability to their clientele (Maslach, 1982). Constant interaction with those who are experiencing daily violence, abuse, and other issues can be difficult and demanding for a social worker (Maslach, 1993), as can difficult workplace environments (Schaufeli & Enzmann, 1998).

Summary

In summary, the preceding review of literature on self-care, compassion fatigue, and burnout lead to several key points of information. Students entering the field of social work typically experience high levels of stress both personally

and professionally rapidly. Second, with such a high level of stress comes a negative impact on performance, service delivery, and self-care. Finally, social service agencies and universities must adjust or adapt to the reality of the struggles in the professions of social work to help curb this problem. With the field of social work having such a high turnover rate due to burn out, developing leading edge treatments and methods can help prevent harm to employees and clients.

CHAPTER THREE

METHODS

Introduction

This chapter attempted to provide an overview of the research methods that was applied in this study. Specifically targeted was the study design, sampling methods, data collection process, instruments used, procedures, efforts to protect the human subjects, and an analysis of the data.

Research Design

A quantitative survey was conducted on BASW and MSW students to determine their understanding and implementation of self-care. Quantitative methods are empirically based and utilize statistical analysis. The Self-Care Questionnaire, Professional Quality of Life Survey (ProQOL-IV), and the Maslach Burnout Inventory Human Services Survey (MBI-HSS) was used to measure the self-care practices, levels of compassion fatigue and burnout in social work students attending California State University San Bernardino (Maslach & Jackson, 1996; Saakvitne & Pearlman, 1996; Stamm, 2009). Participants included were both undergraduates and graduate students. The Self-Care Questionnaire, ProQOL, and MBI-HSS each contained a number of different subscales that were used in exploring the research questions. Chapter 3 describes the participants demographics, the reliability of the instruments used in this study, and the analysis methods used to address each of the research

questions. This study attempted to determine if there is a correlation between self-care practices of students and their ability to handle secondary trauma and compassion fatigue. The design instruments were used to determine if there is a difference between undergraduate and graduate student's perception and trends of self-care.

Sampling

This study was conducted using a convenience sample of BASW and MSW students enrolled in the Social Work Program during the 2014-2015 year at California State University, San Bernardino. The focus in studying this population of students was to understand their use of healthy coping strategies given their likelihood of exposure to secondary trauma. All participants were enrolled in the social work program as either part-time or full-time students. This study included first and second year full-time BASW and MSW students as well as first, second, third, and fourth year part-time BASW and MSW students. The total number of surveys that will be sent out will be roughly 150 to currently enrolled BASW and MSW students who attend California State University San Bernardino: School of Social Work. The goal was to receive back as many of the surveys as possible to provide an accurate assessment of the self-care skills of the students. For this study, a convenience sampling method was used due to its accessibility, location of participants, timing, and financial constraints. Furthermore, it is also important to note that the sample used for this study was not representative of the entire BASW and MSW student population.

Data Collection Instruments

For this study, standardized measurement instruments were used conducting quantitative surveys using three commonly used assessment tools, The Self-Care Questionnaire, Professional Quality of Life Survey (ProQOL-V), and Maslach Burnout Inventory Human Services Survey (MBI-HSS). The reason for this approach was to provide the opportunity for a larger sample size and whether or not such research into compassion fatigue and burnout could be addressed by the faculty at any BASW or MSW program. And according to the research of Grinnel and Unrau, when one is using a pre-experimental design, a control group is not required. (2014). The quantitative survey was completed by BASW and MSW students who attend California State University of San Bernardino: School of Social Work. The type of sampling that was appropriate for this study was a nonprobability method called availability sampling (Grinnell & Unrau, 2014). The sampling criteria consisted of roughly 150 participants of various ages, ethnic, cultural and religious backgrounds. The independent variable was the Self-Care Assessment or level of Self Care the participants undertook. The study consisted of two dependent variables, Compassion Fatigue and Burnout. The participants were emailed at their school based email account with the approval of the director of the BASW and MSW departments. The participants were directed to a hyperlink account identified as Qualtrics where they answered a series of survey questions. The goal in using an electronic survey was to increase the likelihood of participation and a higher response rate.

Measurement Tools

The measurement tools that were utilized were a Demographics Survey, The Self-Care Questionnaire, Professional Quality of Life Survey (ProQOL-V), and Maslach Burnout Inventory Human Services Survey (MBI-HSS). A Likert scale was used to measure the responses of the participants. The Likert scale is commonly used in research that employs questionnaires. The Likert scale “utilizes a range from 1 strongly disagree to 5 strongly agree scale”. (Likert, R., Page 21, 1932)

The Demographic Survey (Appendix D) consisted of ten questions to focus on a specific population of people. The survey looked at their current level of education, years of experience in social work, age, income, and ethnicity. The research assessed who to survey and how to breakdown overall survey response data into meaningful groups of respondents.

The Self-Care Assessment Tool (Appendix A) consisted of seven self-care subscales addressing physical, psychological, emotional, spiritual, relationship, workplace, and professional self-care (Saakvitne & Pearlman, 1996). This tool provided an overview of effective strategies to maintain self-care. The participants answered questions on a gradual scale of one to five. One will represent never occurred to five being frequently. An example of the types of questions that were asked are; Do you eat regularly? Get regular medical attention? The participants can answer 1=Never occurred to me, 2=Never, 3=Rarely, 4=Occasionally, or 5=Frequently.

The second scale that was used in this study was the Professional Quality of Life Survey (ProQOL-IV) (Appendix F), (Stamm, 2009). The ProQOL-IV consisted of thirty questions divided into three subscales that measured compassion satisfaction, burnout, and secondary traumatic stress. The compassion satisfaction scale was used to measure the positive aspects of pleasure from the work of helping others. (Stamm, 2010). Secondary Trauma Scale is about the fear a professional may experience when helping wounded clients, and can be comprised of both primary and secondary trauma (Stamm, 2010). Burnout consists of negative feelings of hopelessness and helplessness that may appear over time and can result in vocational impairment (Stamm, 2010). An example of the types of statements that were made are; I am happy or I feel connected to others. The participants answered either 1=Never, 2=Rarely, 3=Sometimes, 4=Often, or 5=Very Often.

The third scale used in the study was the Maslach Burnout Inventory Human Services Scale (MBI-HSS) (Appendix E) (Maslach et al., 1996). The 22 item survey contained three subscales that measured emotional exhaustion, depersonalization, and personal accomplishment. The survey uses a Likert scale ranging from zero to six. Zero represents never and six represents every day. An example of the types of statements that were made are; I feel emotionally drained from my work. The participants can answer either 0=Never, 1=A few times a year, 2=Once a month or less, 3=A few times a month, 4=Once a week, 5=A few times a week, or 6=Everyday.

Procedures

As noted above, all of the current BASW and MSW students enrolled at California State University San Bernardino School of Social Work received informed consent forms (Appendix B) prior to conducting the survey. The participants received an email asking them to complete a survey. A website link was attached to the email which then directed them to the survey. Once the students agreed to the survey, a consent form was the first question asked. Once they agreed, then the survey began. The desire was to receive an estimated 50% participation rate during the winter 2015 quarter electronically through Qualtrics. Each respondent who volunteered to participate agreed by marking an X on the survey. This researcher collected the surveys from Qualtrics as they were completed.

Protection of Human Subjects

The subjects in this research study all participated voluntarily. Each participant received an informed consent application specifying the purpose of the study as well as the risks and benefits of participating in the study. No identifying information or names were included in the findings to ensure the confidentiality of each participant. An IRB form was submitted to and approved by the Institutional Review Board at California State University San Bernardino before surveys were distributed. All data collected from the study was stored on a USB drive that was kept in a password protected safe box. Following the

completion of the survey, a debriefing statement was supplied for the participants. (Appendix C).

Data Analysis

SPSS was used to analyze the data gathered in this study. A t-test was used to examine the relationship between self-care strategies, exposure to secondary trauma, age, ethnicity, BASW and MSW status, and number of stressors. Descriptive statistics was used to describe demographics, perceived stress scale, number of stressors, and coping strategies used. The following types of questions was used in this study:

RQ1: What are the most common methods of self-care employed by social work students?

RQ2: What are the overall reported levels of compassion fatigue among social work students?

RQ3: What are the overall reported levels of burnout among social work students?

Summary

This chapter described the study's research design, information on sampling, how data was collected, instruments that were used, procedures, and analysis of results. The best data source for the study was the answers the students provided to the before mentioned assessment tools. The data was gathered by providing the three assessment tools to the students electronically through email using Qualtrics.

CHAPTER FOUR

RESULTS

Introduction

This chapter will outline the results of the survey. First, it discusses the number of participants and the criteria used to select the valid responses. Second, this chapter explains how a subscale reliability analysis was completed using Alpha Cronbach. The goal was to develop a base of knowledge about social work student behavior in regards to burnout, compassion fatigue, and self-care. The findings presented in this chapter also establish the importance of educational providers teaching students about self-care and ways to avoid burnout and exhaustion.

Presentation and Findings

A total of 150 surveys were emailed to BASW AND MSW students currently enrolled at California State University San Bernardino School of Social Work. Forty Three surveys were returned resulting in a response rate of 28.6%. 43 surveys were started but only 34 were completed. Because the survey questions were optional, not data was considered in this research assignment. The data was first inserted into SPSS by computing all the variables. Some of the variables in the surveys had to be separated by questions depending on the demand of the survey. An example would be the ProQol-IV which breaks its questions down into three scales, Compassion Satisfaction, Burnout, and Secondary Traumatic Stress. Each scale added up ten questions which would

then provide a score to determine where the participant is at in regards to their level of compassion, burn out, or exposure to trauma. Measures of central tendency (mean, standard deviation, and range) were calculated for each variable including gender, age, income, education level such as, years exposed to social work, undergraduate education, ethnicity, marital status, and spirituality. Once the variables were computed they were analyzed using frequencies and cross tabulation to determine if there were any significant differences depending on the variables whether it be age, gender, or education level. A Spearman's Correlation was analyzed on the data to determine if again certain variables were affected when compared to age or self-care.

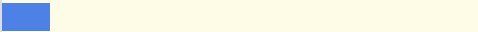

According to the data provided, the participants scored very high in a number of areas such as compassion satisfaction and personal accomplishment. Compassion satisfaction had a mean score of 42.17 out 50 which lends to the conclusion that the participants are happy with the career choice they have made. Personal accomplishment had a score of 46 out of 56 which means the participants find success to be of the utmost importance. The participants scored high in the area of self-care such as physical, psychological, spiritual, workplace/professional, emotional, and balance. The scores ranged from 61 to 77 for Spiritual with Balance having a score of 8 out of 10. The participants demonstrated well their ability to care for themselves given the demands of school and the internship.

However, there are some areas of concern. In the area of burnout and depersonalization, the participants are showing signs of fatigue. In the area of burnout, the participants scored a 30.6 out of 40, which leads to the conclusion that they are either exhausted from school or exposure to their clientele at the internship.

Demographics






The demographics section consisted of ten questions that were pertinent in nature to the students who attend California State University San Bernardino School of Social Work. The questions were designed to provide maximum identification of participants who may be impacted by burn out and/or compassion fatigue.

Table 1. Gender of Participants

#	Answer		Response	%
1	Male		4	10%
2	Female		35	90%
	Total		39	100%





Respondents who are 18-25 years of age (n=15, 39%), 25-34 years of age (n=12, 32%), 35-44 years of age (n=7, 18%), 45-54 years of age (n=3, 8%), and 55+ years of age (n=1, 3%).

Table 2. Age of Participants

#	Answer		Response	%
1	18-24		16	41%
2	25-34		12	31%
3	35-44		7	18%
4	45-54		3	8%
5	55+		1	3%
	Total		39	100%





Respondents who are 18-25 years of age (n=15, 39%), 25-34 years of age (n=12, 32%), 35-44 years of age (n=7, 18%), 45-54 years of age (n=3, 8%), and 55+ years of age (n=1, 3%)

Table 3. Ethnicity of Participants

#	Answer		Response	%
1	American Indian or Alaskan Native		0	0%
2	Asian or Pacific Islander		2	5%
3	Hispanic or Latino		19	49%
4	White/Caucasian		12	31%
5	Black/African America		6	15%
6	Prefer not to answer		0	0%
	Total		39	100%

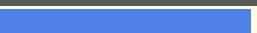

Ethnically the student respondents were a diverse group consisting of: Asian/Pacific Islanders (n=2, 5%), African Americans/Blacks (n=6, 15%), Hispanic or Latino (n=19, 49%), and White/ Caucasians (non-Hispanic) (n=12, 31%).

Table 4. Income of Participants

#	Answer		Response	%
1	\$0-\$24,999		21	54%
2	\$25,000-\$49,000		5	13%
3	\$50,000-\$74,999		8	21%
4	\$75,000 and Over		5	13%
	Total		39	100%




The approximate average household income of the respondents were \$0-\$24,999 (n=21, 54%), \$25,000-\$49,999 (n=5, 13%), \$50,000-\$74,000 (n=8, 21%), and \$75,000 and over (n=5, 13%).

Table 5. Educational Level of Participants

#	Answer		Response	%
1	MSW		21	54%
2	BASW		18	46%
	Total		39	100%





The level of education the respondents are enrolled in are MSW (n=21, 54%) and BASW (n=18, 46%).

Table 6. Spirituality

#	Answer		Response	%
1	All the time		21	54%
2	Sometimes		15	38%
3	Never		3	8%
	Total		39	100%






The respondents were asked about their spirituality and if it is a part of their daily life. They were provided with three optional responses: “All the time”, “Sometimes”, and “Never”. The following responses were provided: “All the time” (n=21, 54%), “Sometimes” (n=15, 38%), and “Never” (n=3, 8%).

Table 7. Marital Status of Participants

#	Answer		Response	%
1	Single		21	54%
2	Married		10	26%
3	Never Married		4	10%
4	Divorced		4	10%
5	Separated		0	0%
	Total		39	100%





The marital status of the respondents were Single (n=21, 54%), Married (n=10, 26%), Never Married (n=4, 10%), and Divorced (n=4, 10%).

Table 8. Years Exposed to Social Work

#	Answer		Response	%
1	0-2 Years		19	49%
2	2-4 Years		9	23%
3	4-6 Years		2	5%
4	6-8 Years		7	18%
5	10+ Years		2	5%
	Total		39	100%

The respondents were asked how long they had been exposed to the field of Social Work. They provided the following responses, 0-2 years (n=19, 49%), 2-4 years (n=9, 23%), 4-6 years (n=2, 5%), 6-8 years (n=7, 18%), and 10+ years (n=2, 5%).

Table 9. Undergraduate Degrees of Participants

#	Answer		Response	%
1	Social Work		26	67%
2	Sociology		5	13%
3	Psychology		4	10%
4	Non-Social Science Degree		4	10%
	Total		39	100%

The undergraduate degrees of the respondents were the following Social Work (n=25, 67%), Sociology (n=5, 13%), Psychology (n=4, 10%), and Non-Social Science Degree (n=4, 10%).

Treatment

The study included both BASW and MSW students currently enrolled at California State University San Bernardino School of Social Work. Approval was obtained from the university Institutional Review Board to distribute a survey via email to all BSW and MSW students. The survey consisted of three scales and ten demographic questions. Students consented to the survey by clicking on the “submit” button to participate in the study. For the purpose of response validity, internet protocol (IP) addresses were collected to ensure that there was no duplication of data. However, (IP) addresses were not linked to any information that would violate the participant’s confidentiality.

For the purpose of measuring student levels of self-care, the Self-Care Assessment was used (Saakvitne & Pearlman, 1996). To measure levels of compassion fatigue, the Professional Quality of Life Inventory (ProQOL-IV) was used (Stamm, 2009). And further, to measure levels of burnout, the Maslach Burnout Inventory Human Services Survey (MBI-HSS) was used (Maslach & Jackson, 1996).

Results

Self-Care Assessment

The Self-Care Assessment consisted of seven self-care subscales addressing: physical, psychological, emotional, spiritual, workplace, and professional self-care (Saakvitne & Pearlman, 1996). The assessment also provided two additional subscales for work life balance. The two balance items

used a different response scale and were treated as a separate subscale. A Cronbach Alpha was administered by running the data through SPSS Statistical Application. A Cronbach's alpha is a “measure of internal consistency that is, how closely related a set of items are as a group”. It is a measure of “scale reliability” (Institute for Digital Research, 2014, P. 20). It was important to assess the reliability of the subscales for this particular group of participants since reliability can be person and situation specific (Field, 2009). Reliability for this scale can be found in Table 10. Reliability was also assessed for the participants in this study and found to be acceptable to high as can be seen in Table 10. Even though the balance section only contained two questions, the score was close in proximity to the other subscales. This is because reliability is a factor of the number of participants as well as the number of items in a subscale (Field, 2009). What can be ascertained from Table Ten is that an Alpha score above point seventy percent is considered reliable even though a certain amount of surveys were discarded for not answering all the questions.

Table 10. Self-Care Assessment Subscale Reliability

ITEM	CRONBACH ALPHA
Physical	0.803
Psychological	0.881
Emotional	0.771
Spiritual	0.838
Workplace/Professional	0.765
Balance	0.764

ProQOL-IV

The second scale used in the study was the Professional Quality of Life Survey (ProQOL-IV) (Stamm, 2009). The ProQOL-IV consists of thirty questions divided into three subscales that measure compassion satisfaction, burnout, and secondary traumatic stress. The compassion satisfaction scale is intended to measure the positive aspects of pleasure derived from the work of helping others, as well as to measure the negatives of compassion fatigue and secondary traumatic stress (Stamm, 2010). Secondary trauma scale measures the feelings of fear a professional may experience when exposed to the pain and horror the clients are going through (Stamm, 2010). Burnout consists of negative feelings a professional may experience such as hopeless or helpless that will happen over an extended period of time and can result in disillusionment (Stamm, 2010). The ProQol-IV required a specific method for scoring the items and subscales. Scoring was done by using the question key that broke down which questions pertained to stress, emotions, etc. Once the scores were

tabulated, it provided a picture of the current health of the person questioned. The items in the Compassion Satisfaction, Burnout, and Secondary Traumatic Stress subscales were then summed and a mean was calculated. Cronbach alpha reliability coefficients were also calculated for the three subscales of the ProQOL-IV and can be found in Table 11. The only area found to be unreliable was Burnout. The score of .40 states that the questions were not consistent enough throughout the survey. Even though Secondary Trauma Stress missed the cut off score of .70, it is still worth mentioning that exposure to secondary is becoming an issue.

Table 11. ProQOL-IV Subscale Reliability

ITEM	CRONBACH ALPHA
Compassion Satisfaction	0.85
Burnout	0.4
Secondary Trauma Stress	0.63

MBI-HSS

The third scale used in the study was the Maslach Burnout Inventory Human Services Scale (MBI-HSS) (Maslach et al., 1996). The 22 item survey contained three subscales that measure emotional exhaustion, depersonalization, and personal accomplishment. Cronbach alphas were calculated for the participants in this study as can be seen in Table 12. Cronbach alphas were higher for the Emotional Exhaustion and Personal Accomplishment

and but lower Depersonalization subscale. This is stating that the alpha for Depersonalization was not a reliable subscale given the results of the survey. The participants were either fatigued from the questions or they were too random.

Table 12. MBI-HSS

Item	Cronbach Alpha
Personal Accomplishment	0.82
Emotional Exhaustion	0.86
Depersonalization	0.43

Research Question One

What are the most common methods of self-care employed by social work students?

Using the Self-Care Assessment, mean scores were calculated on each of the seven areas of self-care (Saakvitne & Pearlman, 1996). The means were then rank ordered to illustrate from highest to lowest how social work students cared for themselves. Table 13 illustrates student rank-order means for self-care. Means for the work and professional, emotional, balance, physical, relationship, spirituality, and psychological domains of the Self-Care Assessment were calculated and rank-ordered by frequency (Saakvitne & Pearlman, 1996). The area of work and professional self-care includes items such as taking a break during the day, taking time to get to know coworkers, having the time to complete

tasks, not taking work home, working on exciting and rewarding tasks, setting limits with clients and colleagues, having a balanced work or caseload, getting supervision and consultation, having a peer support group, negotiating for needs at work, and having a comfortable work space. Physical self-care consists of items such as eating good foods, exercising such as running, getting regular medical care, taking time off when sick or vacations, taking time to have and enjoy, getting enough sleep, wearing clothing that makes one feel good, and taking reading for pleasure. Spiritual self-care consists of items such as making time for spiritual reflection, spending time at church or synagogue, meditation or prayer, and reading inspirational literature or listening to inspirational music. Table 13 shows what the important aspects of Self-Care are to the students. Spiritual Care ranked the highest which may contribute to the participant's decision to work in social work and have the needed skills to tolerate larger amounts of stress. Physical care comes in second which would include proper amount of sleep, healthy foods, etc. Again this is not surprising considering the profession of social work stresses self-care whether it be eating healthy foods, exercising daily, etc.

Table13. Participants Level of Importance of Self-Care

Item	Rank	Mean	Std. Dev	Range	F rom a
Spiritual	6	61.47	8.99	35.00-77.00	
Physical	5	52.12	7.19	41.00-69.00	
Psychological	3	45.42	9.15	16.00-62.00	
Workplace/Professional	4	42.56	5.82	26.00-53.00	
Emotional	2	38.31	5.46	22.00-48.00	
Balance	1	8.09	1.46	4.00-10.00	

group approach, comparing BASW and MSW students with regards to self-care, there is no significant difference. As Table 14 will show you below, both groups score high no matter whether a bachelors or masters student.

Table14. Group Statistics between BASW and MSW Students

What level of education are you enrolled in?		N	Mean	Std. Deviation	Std. Error Mean
Physical Self-Care	MSW	19	56.0000	7.90921	1.81450
	BASW	15	54.6667	7.30623	1.88646
Psychological Self-Care	MSW	18	45.9444	10.14873	2.39208
	BASW	15	44.8000	8.09938	2.09125
Emotional Self-Care	MSW	19	38.9474	6.23141	1.42958
	BASW	13	37.3846	4.15408	1.15214
Spiritual Self-Care	MSW	19	61.1579	10.40440	2.38693
	BASW	15	61.8667	7.15009	1.84615
Workplace Self-Care	MSW	19	42.4737	6.93116	1.59012
	BASW	15	42.6667	4.25385	1.09834
Balance	MSW	18	8.1111	1.67644	.39514
	BASW	15	8.0667	1.22280	.31573

Age and Self-Care

Based on Table 15 below, the participant's results show the only factor that stood out is age and self-care. There was a moderate positive relationship

between age and psychological self-care. A Spearman's Correlation was processed through SPSS with the results of $\rho=.429$, $p=.013$. The same or closely resembled results can be said for the other parts of the SELF-CARE scale, Spiritual, Physical, Emotional, Workplace, and Balance.

Table15. Spearman's Correlation between Age and Self Care

		Value	Asymp. Std. Error ^a	Approx . T ^b	App rox. Sig. c
Interval by Interval	Pearson's R	.430	.128	2.654	.012 _c
Ordinal by Ordinal	Spearman Correlation	.429	.147	2.647	.013 _c
N of Valid Cases		33			

Research Question Two

What are the overall reported levels of compassion fatigue among social work students?

According to Table 16 below, student scores indicate that they are happy with their work in the helping profession as evidenced by Compassion Satisfaction representing the highest mean score at 42.17, which is very close to the max of 50. However, the second highest mean score was Burnout at 30.51, which is an area of concern considering they are still students and not employed full time in the profession. Secondary trauma was the lowest mean score at 19.42, which is not surprising since students may only carry one or two cases at

their internships. Students can turn off or tune out the exposure to the traumatic events or situations because they are aware they can leave it at the office. (Stamm, 2010). The data demonstrates that students are not experiencing secondary work-related trauma or as a result of traumatic educational materials being presented (Stamm, 2010). Overall, these results show that students are happy with their career decision, yet display increased burnout. It is not clear if the burnout is being caused by the demands of graduate school or their internship or both.

Table16. ProQOL-IV Results for Students

Item	Mean	Std. Dev	Range
Compassion Satisfaction	42.2	5.06	27.00-50.00
Burnout	30.5	3.59	24.00-40.00
Secondary Trauma Stress	19.4	4.8	11.00-27.00

Research Question Three

What are the overall reported levels of burnout among social work students?

Results indicate the participants scored low on the Emotional Exhaustion and Depersonalization sections of the burnout syndrome. This means that students do not feel “emotionally overextended or exhausted by their work, and

do not view their clients in an unfeeling or impersonal way”. (Maslach & Jackson, 1996, P. 35). However, with respect to Personal Accomplishment, students’ mean score of 46.51 out of a scale average of 50, they are experiencing success academically and professionally at this time. (Maslach & Jackson, 1996).

However, there is concern here because success in school and the internship does not usually translate to success as a full time social worker mainly because the Personal Accomplishment subscale is an independent indicator of burnout (Maslach & Jackson, 1996). Overall, these results show that students in the sample population are vulnerable to increased burnout based on their perceived personal achievement. This indicates that students are focused on being people of professional and academic excellence, understanding and relating to their clients and peers, helping in an happy and positive manner, the atmosphere that they create with recipients, creating a positive influence in clients’ lives, having the energy to approach their work, accomplishing worthwhile things in their work, and dealing with emotional problems in their work calmly.

Table 17. MBI-HSS Results for Students

Item	Mean	Std. Dev	Range
Emotional Exhaustion	23.94	9.53	12.00-46.00
Depersonalization	9.22	3.77	5.00-18.00
Personal Achievement	46.51	5.25	31.00-56.00

Item	Mean	Std. Dev	Range
Emotional Exhaustion	23.94	9.53	12.00-46.00
Depersonalization	9.22	3.77	5.00-18.00
Personal Achievement	46.51	5.25	31.00-56.00

Impact on Title 4e Students

Being that all Title 4e Students are required to complete two years of employment with a county child protective services agency in the State of California, the findings in this thesis can be utilized. Because burnout and compassion fatigue are major issues facing county welfare agencies, students must be provided the most accurate assessment of the state of the profession from the county level. The culture of an agency at any moment in time can be one of distrust between management and the workers. Counties such as Los Angeles, Riverside, and San Bernardino over the past twenty years have gone through numerous directors and administrators. With such management turnover, BASW and MSW professional will be in constant turmoil and unable to trust those in authority. Burnout and Compassion Fatigue will become an inevitable result,

The funding source for such agencies is a “combination of federal and state dollars” funneled through yearly tax appropriations. Los Angeles, Riverside, and San Bernardino Counties all participate in the federal government’s Title IV-E program which seeks to hire newly graduated BASW and MSW students who participated in the program. (State Auditor, Page 22, 2012).

The main challenges and trends facing the agencies are general instability in management and the lower level staff. This instability has the potential to hamper an agency’s ability to “address its long-standing problems”. (State Auditor, Page 39, 2012) Lower level management and staff point to “periods of

time when new and potentially unrealistic policies were created at a rapid pace in response to pressure from outside stakeholders such as the media and the board of supervisors". (State Auditor, Page 40, 2012) These policies contributed to a "backlog of uncompleted investigations and were eventually revised or rescinded". (State Auditor, Page 17, 2012) Such events speak to a "pattern of intense pressure from numerous stakeholders and the difficulty large agencies have had staying on one unified course". (State Auditor, Page 17, 2012) In just over a year, "Los Angeles County Department of Children and Family Services had four different directors, and it has experienced high turnover in other key management positions as well". (State Auditor, Page iii, 2012). This type of turnover can impede on an agency's ability to "develop and implement a strategic plan that would have provided cohesiveness to its various initiatives and communicated a clear vision to department staff and external stakeholders". (State Auditor, Page 39, 2012) Imagine how all of this instability will impact the students who participated in the Title-4e Stipend program who are now obligated to two years of county employment. Such students will bide their time knowing they are only obligated to two years then leave the agency.

Summary

Cronbach Alphas were used to test the reliability of the data. There was no significant relationship between gender, income, ethnicity, education level, spirituality, or years exposed to social work in comparison to self-care, burnout, or compassion fatigue to determine if one effects the other. Variables were

analyzed using frequencies and cross tabulation to determine if there were any significant differences depending on the variables whether it be age, gender, or education level. A Spearman's Correlation was analyzed on the data to determine if again certain variables were affected when compared to age or self-care. There was evidence by the data that the participants are very knowledgeable of self-care in such areas as spirituality, psychological care, emotional care, and a balanced work/professional life. The area that did show a difference is the difference in age and self-care. Older students tended to have lower burnout and compassion fatigue issues compared to their younger counterparts.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter outlines the discussion the results obtained in this study and its significance for the social work profession and its implications for future policy practices for social work students.

Discussion

There was no statistically significant difference with regards self-care by their gender. Females scored just as high as males in regards to the six types of self-care, psychological, spiritual, emotional, physical, workplace/professional, and balance. Therefore, there is no significant relationship between gender and types of self-care which is supported by the data.

There was no statistically significant difference with regards to self-care by their educational level. BASW and MSW students scored equally high in regards to the six types of self-care, psychological, spiritual, emotional, physical, workplace/professional, and balance. Therefore, there is no significant relationship between level of education and types of self-care which is supported by the data.

There was no statistically significant difference with regards to self-care by their ethnicity. This question was skewed in that 19 of the 43 respondents were Hispanic. Yet even with such a skewed score, all races identified scored

equally high in regards to the six types of self-care, psychological, spiritual, emotional, physical, workplace/professional, and balance. Therefore, there is no significant relationship between ethnicity and types of self-care which is supported by the data.

There was no statistically significant difference with regards to self-care by their income level. Lower income student's scored equally high as middle and upper level income students in regards to the six types of self-care, psychological, spiritual, emotional, physical, workplace/professional, and balance. Therefore, there is no significant relationship between level of income and types of self-care which is supported by the data.

There was no statistically significant difference with regards to self-care by their level of spiritual involvement. Students who did not practice regular spirituality scored equally high as those who did in regards to the six types of self-care, psychological, spiritual, emotional, physical, workplace/professional, and balance. Therefore, there is no significant relationship between spiritual commitment and types of self-care which is supported by the data.

There was no statistically significant difference with regards to self-care by their marital status. Non married student's scored equally high as married students in regards to the six types of self-care, psychological, spiritual, emotional, physical, workplace/professional, and balance. Therefore, there is no significant relationship between the marital status and types of self-care which is supported by the data.

There was no statistically significant difference with regards to self-care by their years of exposure to social work. Students who had 0-2 and 2-4 years of exposure to social work scored equally high as those with 4 or more years in regards to the six types of self-care, psychological, spiritual, emotional, physical, workplace/professional, and balance. Therefore, there is no significant relationship between years of exposure to social work and types of self-care which is supported by the data.

Recommendations for Social Work Practice, Policy and Research

This study is significant to the profession of social work because it seeks to address the most challenging issue affecting social work students' ability to understand and alleviate compassion fatigue and burnout. "The primary mission of the social work profession is to enhance human wellbeing and help meet the basic human needs of people, with particular attention to the needs and empowerment of people..." (Workers, N.A., 2008, Preamble, para. 1). This makes a point that social service professionals must be mindful and aware of their own care in order to be of use to the well-being of others.

Most students based on the demographic data have little to any exposure to social work which should raise alarms. The reality of what students think social work is and what it turns out to be once they are in the field, has an immense impact on them as professionals. It is here that faculty and staff can help determine if a student is appropriate for the field of social work via the use of assessment tools. Curriculum changes could also include producing components

that emphasize the preliminary exploration of social work career avenues at the bachelor's level to address potential student fit in different types of organizations, and to underscore the desirability of post-graduation employment opportunities. During this time, instructors and students can begin to identify areas of student social work interest with an eye on future career opportunities. Earlier identification of student interest areas may help schools of social work to develop more tailored placements, and help prevent burnout by allowing students to feel some measure of control over where they are placed (Maslach & Leiter, 1997). Through curriculum, schools can also help students to develop a more complete understanding of themselves as potential practitioners and an understanding of their personality traits and learning styles. Items such as the Meyers-Briggs Type Inventory may provide key insight into students' individual personality characteristics and how they work with others as a base for future professional skill building. Creating an opportunity for interaction as a cohort in a private setting and making supervisory contact resources more available are means of addressing student social support. If the student's fit within the field of social work is found by the student not to be optimum, transition assistance to another field of study should be made clearly accessible. Once placed in a field internship, a full organizational assessment completed by students can assist them in developing a more complete understanding of the organization and to determine their own job fit. Since students won't have the full experience of the agency in which they are placed at the outset, perhaps assessment should come in the beginning of

the placement and after a few months of work. This could also help students to identify what they desire in their future work and to determine the type of organization in which they want to work after graduation. The assessment should not only provide an overview of the organization itself, but also of the skills learned during the internship and areas of mastery or areas for increased concentration. Another component to be considered is field curriculum designed to address professional skills in the workplace to enhance student feelings of self-efficacy, with a focus on skill building as opposed to grading to alleviate concern with grade point average while learning. Previous research by Albert Bandura (1989) found a strong link between self-efficacy and stress, with those who feel more competent and able to handle issues demonstrating a greater ability to cope (as cited in Cherniss, 1993). Within this field curriculum portion, interpersonal skills such as giving and receiving feedback, handling workplace stress, conflict management, establishing appropriate workplace relationships and boundaries, workplace comfort and safety, and time management would be appropriate. Targeting these areas would serve to enhance students' self-efficacy in task completion, interpersonal, and overall organizational domains (Cherniss, 1993). Finally, the research results show that students may push themselves to their limits emotionally, physically, and psychologically in order to achieve in both the workplace and academically. An early self-care curriculum component included in both bachelor's and master's level education to include self-care theory and methods, trauma and trauma resource training, stress theory

and stress inoculation methods, and an exploration of causes and symptoms of burnout is vital to helping students understand and address their self-care needs. This would ideally promote a complete student self-care assessment addressing the five areas of self-care and a wider discussion of healthy ways in which to manage stress, trauma, and prevent burnout (Saakvitne & Pearlman, 1996). While most people have an intuitive idea of what self-care is and how to perform it, others have difficulty in identifying its components and attending to it in meaningful and personalized ways (Harr & Moore, 2011). Accessible counseling and crisis resources while in school and in the internship, can become a vital part of helping students to care for themselves. Community partnerships for addressing the mental health of social work students specifically could potentially be researched and constructed. By attending to the issues of self-care, compassion fatigue, and burnout on a continuum from the start to finish of a student's social work program, it is possible that institutions of social work education can create an organizational environment that aids in compassion fatigue and burnout prevention that extends worker health and career longevity after graduation.

Limitations of the Study

There were several limitations to this study. First of all, the sample size was skewed heavily in favor of female students given the reality that the ratio of male to females in social work is ninety percent female and ten percent male. The researcher could not include all of the surveys in this study because some

were incomplete. The sample size was not representative of the entire population because it was obtained through the method of emailing the survey to 150 students with no ability to control when they took the survey, completed it, when the survey was emailed out to the students, and forcing them to answer all the questions. The researcher was encouraged to not force the participants to answer all the questions for fear they may lose interest early on in the survey. Logistically, locations where the survey was taken was left up to the participants to decide which again puts the survey at a disadvantage. Taking a survey with 132 questions takes time and concentration with limited to no distractions.

However, more research is needed concerning the effectiveness of the aforementioned proposed methods of intervention. Additionally, the study of larger sample populations of actual social workers may provide a much clearer picture of what is causing a high turnover in the profession

Summary

The purpose of this study was to examine social work students understanding of burnout, compassion fatigue, and self-care provided as related to the profession of social work. To provide an idea of the needed teachings and trainings for future BASW and MSW students to insure they are able to protect themselves but also provide the highest quality of care for their clients. This chapter discussed the findings of the study and summarized the significance of this study for the social work profession. It also discussed limitations to the

research due to various factors and recommends further research in the area of self-care and its implication on practice and policy.

Impact on Title 4e Students

Because the counties of Los Angeles, Riverside and San Bernardino depend heavily on academically qualified BASW and MSW students to replenish the ranks of child protective services, it is imperative that relevant and current trainings be implemented by the universities and agencies. Students must be made aware of the current challenges facing the agencies such as staff shortages, high caseloads, legal ramifications by angry or disgruntled clients, or prolonged exposure to vicarious trauma can have an impact on their ability to remain in the profession for a period of time. It was once said by a manager, “it takes a person five years to learn the profession of social work, than everything changes.” (A Parks-Pyles, 2000)

APPENDIX A
SELF-CARE ASSESSMENT WORKSHEET

Self-Care Assessment Worksheet

This assessment tool provides an overview of effective strategies to maintain self-care. After completing the full assessment, choose one item from each area that you will actively work to improve.

Using the scale below, rate the following areas in terms of frequency:

5 = Frequently

4 = Occasionally

3 = Rarely

2 = Never

1 = It never occurred to me

Physical Self-Care

___ Eat regularly (e.g. breakfast, lunch and dinner)

___ Eat healthy

___ Exercise

___ Get regular medical care for prevention

___ Get medical care when needed

___ Take time off when needed

___ Get massages

___ Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun

___ Take time to be sexual—with yourself, with a partner

___ Get enough sleep

___ Wear clothes you like

___ Take vacations

___ Take day trips or mini-vacations

___ Make time away from telephones

___ Other:

Psychological Self-Care

___ Make time for self-reflection

___ Have your own personal psychotherapy

___ Write in a journal

___ Read literature that is unrelated to work

___ Do something at which you are not expert or in charge

___ Decrease stress in your life

Source: Transforming the Pain: A Workbook on Vicarious Traumatization.

Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996)

___ Let others know different aspects of you

___ Notice your inner experience—listen to your thoughts, judgments, beliefs, attitudes, and feelings

___ Engage your intelligence in a new area, e.g. go to an art museum, history exhibit, sports event, auction, theater performance

___ Practice receiving from others

___ Be curious

___ Say “no” to extra responsibilities sometimes

___ Other:

Emotional Self-Care

- ___ Spend time with others whose company you enjoy
- ___ Stay in contact with important people in your life
- ___ Give yourself affirmations, praise yourself
- ___ Love yourself
- ___ Re-read favorite books, re-view favorite movies
- ___ Identify comforting activities, objects, people, relationships, places and seek them out
- ___ Allow yourself to cry
- ___ Find things that make you laugh
- ___ Express your outrage in social action, letters and donations, marches, protests
- ___ Play with children

___ Other:

Spiritual Self-Care

- ___ Make time for reflection
- ___ Spend time with nature
- ___ Find a spiritual connection or community
- ___ Be open to inspiration
- ___ Cherish your optimism and hope
- ___ Be aware of nonmaterial aspects of life
- ___ Try at times not to be in charge or the expert
- ___ Be open to not knowing
- ___ Identify what is meaningful to you and notice its place in your life
- ___ Meditate
- ___ Pray
- ___ Sing
- ___ Spend time with children
- ___ Have experiences of awe
- ___ Contribute to causes in which you believe
- ___ Read inspirational literature (talks, music, etc.)
- ___ Other:

Workplace or Professional Self-Care

- ___ Take a break during the workday (e.g. lunch)
- ___ Take time to chat with co-workers
- ___ Make quiet time to complete tasks
- ___ Identify projects or tasks that are exciting and rewarding
- ___ Set limits with your clients and colleagues
- ___ Balance your caseload so that no one day or part of a day is "too much"
- ___ Arrange your work space so it is comfortable and comforting
- ___ Get regular supervision or consultation
- ___ Negotiate for your needs (benefits, pay raise)
- ___ Have a peer support group

___ Develop a non-trauma area of professional interest

___ Other:

Balance

___ Strive for balance within your work-life and workday

___ Strive for balance among work, family, relationships, play and rest

Source: Transforming the Pain: A Workbook on Vicarious Traumatization.
Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996)

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

The study in which you are being asked to participate in is designed to explore social work students' understanding of self-care and their ability to cope and adapt to secondary trauma. This is a graduate research project conducted by Larry W Smith, under the supervision of Dr. Zoila Gordon, Lecturer at the California State University, San Bernardino. This study has been approved by the School of Social Work's Sub-Committee of the California State University, San Bernardino Institutional Review Board.

PURPOSE: This study will examine the extent of self-care that BASW and MSW students engage in to determine their ability to regulate their emotional needs with regards to burn out and compassion fatigue.

DESCRIPTION: You were selected to participate in this study because you are currently enrolled as a social work student. In this study you will be asked to complete survey questions about your demographics, self-care, quality of life, and human services.

PARTICIPATION: This survey is completely voluntary and any information that is obtained within this study will remain confidential. No personal information will be asked for during this survey. You can withdraw from the survey at any time with no consequences.

CONFIDENTIALITY: Your responses will be anonymous and data will be reported in group form only.

DURATION: If you decide to participate in this study, you will be given 132 questions over four surveys. The survey should take no more than 20 minutes to complete.

RISKS AND BENEFITS: There are no foreseeable risks associated with this study. Participating in this study is unlikely to bring about any uncomfortable feelings or emotions. Participating in this study does not provide any direct benefits to individual participants other than provide insight on social work students' understanding of self-care.

CONTACT: If you have any questions about this survey, you can contact Dr. Zoila Gordon at (909) 537-7772 or zgordon@csusb.edu

RESULTS: Results of the study can be obtained from the CSUSB Scholar Works database after June, 2015.

CONFIRMATION STATEMENT: This is to certify that I read and understand the information above, and decide to participate in this study.

ONLINE AGREEMENT BY SELECTING THE 'I AGREE' OPTION ON THE WEBPAGE INDICATES CONSENT TO PARTICIPATE IN THE STUDY.

APPENDIX C
DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

This study examined the extent of self-care that BASW and MSW students engaged in to determine their ability to regulate their emotional needs with regards to burn out and compassion fatigue. These three variables are discussed on a regular basis in the field of social work given the high caseloads, emotional demands, and the low retention rate of social work professionals. County and private social service agencies are directing interview questions with the hopes of identifying potential employees who have a firm understanding of self-care, burn out and compassion fatigue to increase retention rates among new hires. I was particularly interested in the relationship between these three variables to see if the proper use of self-care could decrease burn out and compassion fatigue which could be a benefit for current and future students of social work.

If you have any question, comments, or concerns due to participating in this study, please feel free to contact Larry W Smith or Dr. Zoila Gordon at (909) 537-7772. If you would like to obtain a copy of the results of this study, please contact Dr. Zoila Gordon at (909) 537-7772 at the end of Summer Quarter of 2015.

Thank you for your time and participation for completing this survey.

APPENDIX D
DEMOGRAPHICS

DEMOGRAPHICS

Q1 What is your gender?

- ☐ Male
- ☐ Female

Q2 What is your age?

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55+

Q3 What is your ethnicity?

- ☐ American Indian or Alaskan Native
- ☐ Asian or Pacific Islander
- ☐ Hispanic or Latino
- ☐ White/Caucasian
- ☐ Black/African America
- ☐ Prefer not to answer

Q4 What is your approximate average household income?

- ☐ \$0-\$24,999
- ☐ \$25,000-\$49,000
- ☐ \$50,000-\$74,999
- ☐ \$75,000 and Over

Q5 What level of education are you enrolled in?

- ☐ MSW
- ☐ BSW

Q6 Is religion or spirituality part of your daily life?

- ☐ All the time
- ☐ Sometimes
- ☐ Never

Q7 What is your married status?

- ☐ Single
- ☐ Married
- ☐ Never Married
- ☐ Divorced
- ☐ Separated

Q8 How long have you been exposed or worked in the field of Social Work?

- ☐ 0-2 Years
- ☐ 2-4 Years
- ☐ 4-6 Years
- ☐ 6-8 Years
- ☐ 10+ Years

Q09 Undergraduate Degree

- ☐ Social Work
- ☐ Sociology
- ☐ Psychology
- ☐ Non-Social Science Degree

Created by Larry William Smith

APPENDIX E

MBI-HSS HUMAN SERVICES SURVEY

How often:	0	1	2	3	4	5	6
	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times times a week	Every day

How Often
0-6

Statements:

1. _____ I feel emotionally drained from my work.
2. _____ I feel used up at the end of the workday.
3. _____ I feel fatigued when I get up in the morning and have to face another day on the job.
4. _____ I can easily understand how my recipients feel about things.
5. _____ I feel I treat some recipients as if they were impersonal objects.
6. _____ Working with people all day is really a strain for me.
7. _____ I deal very effectively with the problems of my recipients.
8. _____ I feel burned out from my work.
9. _____ I feel I'm positively influencing other people's lives through my work.
10. _____ I've become more callous toward people since I took this job.
11. _____ I worry that this job is hardening me emotionally.
12. _____ I feel very energetic.
13. _____ I feel frustrated by my job.
14. _____ I feel I'm working too hard on my job.
15. _____ I don't really care what happens to some recipients.
16. _____ Working with people directly puts too much stress on me.
17. _____ I can easily create a relaxed atmosphere with my recipients.
18. _____ I feel exhilarated after working closely with my recipients.
19. _____ I have accomplished many worthwhile things in this job.
20. _____ I feel like I'm at the end of my rope.
21. _____ In my work, I deal with emotional problems very calmly.
22. _____ I feel recipients blame me for some of their problems.

(Administrative use only)

EE: _____ cat. DP: _____ cat. PA: _____ cat.

MBI-Human Services/Educators Scoring Key

Personal Accomplishment (PA) Subscale

Directions: Line up the item numbers on this key with the same numbers on the survey form. Looking at the unshaded items only, add the scores in the "How Often" column and enter the total in the "PA" space at the bottom of the survey form.

How Often
0-6

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____

Form Ed Cut-off Points

Categorization (Form Ed): Emotional Exhaustion

	Frequency
High	27 or over
Moderate	17-26
Low	0-16

Categorization (Form Ed): Depersonalization

	Frequency
High	14 or over
Moderate	9-13
Low	0-8

Categorization (Form Ed): Personal Accomplishment*

	Frequency
High*	0-30
Moderate	31-36
Low	37 or over

*Interpreted in opposite direction from EE and DP.



1055 Joaquin Road, 2nd Floor
Mountain View, CA 94043
800-624-1765 • www.cpp.com

MBI—Scoring Key Copyright 1996 by CPP Inc.
All rights reserved. The CPP logo is a registered trademark of CPP Inc.

*Interpreted in opposite direction from EE and DP.

Categorization: Personal Accomplishment*

	Frequency
High	0-31
Moderate	32-38
Low	39 or over

MBI-Human Services/Educators Scoring Key

Emotional Exhaustion (EE) Subscale

Directions: Line up the item numbers on this key with the same numbers on the survey form. Looking at the unshaded items only, add the scores in the "How Often" column and enter the total in the "EE" space at the bottom of the survey form.

How Often
0-6

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____

Categorization: Emotional Exhaustion

	Frequency
High	27 or over
Moderate	17-26
Low	0-16

Depersonalization (DP) Subscale

Directions: Line up the item numbers on this key with the same numbers on the survey form. Looking at the unshaded items only, add the scores in the "How Often" column and enter the total in the "DP" space at the bottom of the survey form.

How Often
0-6

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____

Categorization: Depersonalization

	Frequency
High	13 or over
Moderate	7-12
Low	0-6

3455

APPENDIX F

PROFESSIONAL QUALITY OF LIFE SCALE

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE

(PROQOL) VERSION 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

- _____ 1. I am happy.
- _____ 2. I am preoccupied with more than one person I [help].
- _____ 3. I get satisfaction from being able to [help] people.
- _____ 4. I feel connected to others.
- _____ 5. I jump or am startled by unexpected sounds.
- _____ 6. I feel invigorated after working with those I [help].
- _____ 7. I find it difficult to separate my personal life from my life as a [helper].
- _____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
- _____ 9. I think that I might have been affected by the traumatic stress of those I [help].
- _____ 10. I feel trapped by my job as a [helper].
- _____ 11. Because of my [helping], I have felt "on edge" about various things.
- _____ 12. I like my work as a [helper].
- _____ 13. I feel depressed because of the traumatic experiences of the people I [help].
- _____ 14. I feel as though I am experiencing the trauma of someone I have [helped].
- _____ 15. I have beliefs that sustain me.
- _____ 16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
- _____ 17. I am the person I always wanted to be.
- _____ 18. My work makes me feel satisfied.
- _____ 19. I feel worn out because of my work as a [helper].
- _____ 20. I have happy thoughts and feelings about those I [help] and how I could help them.
- _____ 21. I feel overwhelmed because my case [work] load seems endless.
- _____ 22. I believe I can make a difference through my work.
- _____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
- _____ 24. I am proud of what I can do to [help].
- _____ 25. As a result of my [helping], I have intrusive, frightening thoughts.
- _____ 26. I feel "bogged down" by the system.
- _____ 27. I have thoughts that I am a "success" as a [helper].
- _____ 28. I can't recall important parts of my work with trauma victims.
- _____ 29. I am a very caring person.
- _____ 30. I am happy that I chose to do this work.

© B. Hudnall Stamm, 2009-2012. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL). www.proqol.org. This test may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold. Those interested in using the test should visit www.proqol.org to verify that the copy they are using is the most current version of the test.

WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test so you understand the interpretation for you. To find your score on **each section**, total the questions listed on the left and then find your score in the table on the right of the section.

Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added then up you can find your score on the table to the right.

3. ____
6. ____
12. ____
16. ____
18. ____
20. ____
22. ____
24. ____
27. ____
30. ____

Total: ____

The sum of my Compassion Satisfaction questions is	So My Score Equals	And my Compassion Satisfaction level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about

You Wrote	Change to
1	5
2	4
3	3
4	2
5	1

the effects of helping when you are *not* happy so you reverse the score

- *1. ____ = ____
*4. ____ = ____
8. ____
10. ____
*15. ____ = ____
*17. ____ = ____
19. ____
21. ____
26. ____
*29. ____ = ____

Total: ____

The sum of my Burnout Questions is	So my score equals	And my Burnout level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added then up you can find your score on the table to the right.

2. ____
5. ____
7. ____
9. ____
11. ____
13. ____
14. ____
23. ____
25. ____
28. ____

Total: ____

The sum of my Secondary Trauma questions is	So My Score Equals	And my Secondary Traumatic Stress level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

REFERENCES

- Adams, R. E., Boscarino, J., & Figley, C. R. (2006). Compassion fatigue and psychological distress among social workers: A validation study. *American Journal of Orthopsychiatry*, 76(1), 103-108.
- Allison, S. E. (2007). Self-care requirements for activity and rest: An Orem nursing focus. *Nursing Science Quarterly*, 20(1), 68-76.
- Bell, H., Kulkarni, S., & Dalton, L. (2003). Organizational prevention of vicarious trauma.
- Calswec, July 1, 2013-June 30, 2014 (Page 11).
- Clark, S.J., Smith, R.J., & Uota, K. (2013). Professional development opportunities as retention incentives in child welfare. *Children and Youth Services Review*, 35,1687–1697.
- Coster,J.,& Schwebel,M.(1997).Well-functioning in professional psychologists. *Professional Psychology: Research and Practice*, 28,5-13.
- Cunningham, M. (2004). Teaching social workers about trauma: Reducing the risks of vicarious traumatization in the classroom. *Journal of Social Work Education*, 40 (20), 305–317.
- Denyes, M.J., Orem, D.E. & SozWiss, G.B. (2001). Self-care: a foundational science. *Nursing Science Quarterly*,14(1), 48-54.
- Denyes, M.J, Orem, D. E., & Bekel, G. (2001). Self-care: A foundational science. *Nursing Science Quarterly*, 14(1), 48-54.
- Families in Society: The Journal of Contemporary Human Services, 84(4), 463-470.
- Freudenberger, H. J. (1974), Staff burnout , *Journal of Social Issues*, Vol. 30, pp. 159-65.
- Edelwich, J., & Brodsky, A. (1980). Burn-out: Stages of disillusionment in the helping professions. New York, NY: Human Sciences Press.
- Farber, B.A. (1983). Introduction: A critical perspective on burnout. In B. Farber (Ed.). *Stress and burnout in the human service professions* (pp. 1-22). Elmsford, NY: Pergamon Press.

- Ferraro, K., & Nurridin, T. (2006). Psychological distress and mortality: Are women more vulnerable? *Journal of Health and Social Behavior*, 47(3), 227-241. Field, A. (2009). *Discovering statistics using SPSS* (3rd ed.). Thousand Oaks, CA: Sage.
- Figley, C. R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 1-20). New York, NY: Brunner-Routledge.
- Gopelrud, E. N. (1980). Social support and stress during the first year of graduate school. *Professional Psychology*, 11(2), 283-290.
- Grinnell, R. M. Jr., & Unrau, Y. A. (2014). *Social work research and evaluation: Quantitative and qualitative approaches* (10th ed.). New York, NY: Oxford University Press.
- Grosch, W. M., & Olsen, D. C. (1994). *When helping starts to hurt*. New York, NY: Norton.
- Han, Meekyung; Lee, Sang E.; Lee, Peter Allan, (2012). *Journal of Social Work Education*, v48 n3 p439-457.
- Harr, C., & Moore, B. (2011). Compassion fatigue among social work students in field placements. *Journal of Teaching in Social Work*, 31(3), 350-363.
- Kim, H., & Stoner, M. (2008). Burnout and turnover intention among social workers: Effects of role stress, job autonomy, and social support. *Social Work in Health Care*, 32(3), 5-25.
- Kim, H., Ji, J., & Kao, D. (2011). Burnout and physical health among social workers: A three-year longitudinal study. *National Association of Social Workers*, 56(3), 258-268.
- Lambie GW (2006) Burnout prevention: a humanistic perspective and structured group supervision activity. *Journal of Humanistic Counseling, Education and Development* 45: 32–44.
- Likert, R. (1932). A technique for the measurement of attitudes. *Archives of Psychology*, 22(140), 1–55.
- Lloyd, C., King, R., & Chenoweth, L. (2002). Social work, stress, and burnout: A review. *Journal of Mental Health*, 11 (3), 255-265.

- Maslach, C. (1982). *Burnout: The cost of caring*. Englewood Cliffs, NJ: Prentice-Hall.
- Maslach, C. (1993). Burnout: A multidimensional perspective. In C. Maslach, W. B.
- Maslach, C. (2003). *Burnout: The cost of caring*. Cambridge, MA: Malor Books.
- Maslach, C., & Jackson, S. E. (1996). Maslach Burnout Inventory Human Services Survey (MBI-HSS). In C. Maslach, S. E. Jackson, & M. P. Leiter (Eds.), *MBI Manual* (3rd ed., n.p.). Mountain View, CA: CPP, Inc.
- Maslach, C., & Leiter, M. (1997). *The truth about burnout: How organizations cause personal stress and what to do about it*. San Francisco, CA: Jossey-Bass.
- Maslach, C., & Schaufeli, W. B. (1993). Historical and conceptual development of burnout. In C. Maslach, W. B. Schaufeli, & T. Marek (Eds.), *Professional burnout: Recent developments in theory and research* (pp. 1-18). Washington, DC: Taylor & Francis.
- Maslach, C., Jackson, S. E., & Leiter, M. (1996). *Maslach burnout inventory manual*. Palo Alto, CA: Consulting Psychologists Press.
- Maslach, C., Schaufeli, W. B., & Leiter, M. (2001). Job burnout. *Annual Review of Psychology*, 52(1), 397-422.
- McCann, L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3(1), 131-149.
- McMahon, John (1999). *Children Services: Practice Notes*, Jordan of Institute of Families, 4(3), 1-8.
- Myers, Shannon B., et al. (2012), 'Self-care practices and perceived stress levels among psychology graduate students', *Training and Education in Professional Psychology*, 6 (1), 55-66.
- National Association of Social Workers (2009). Professional self-care policy. In S. Lowman & L. M. O'Hearn (Eds.), *Social Work Speaks: National Association of Social Workers Policy Statements 2009–2012* (8th ed., pp. 268–272). Washington, DC: National Association of Social Workers Press.
- Pearlin, L. I., Lieberman, M. A., Menaghan, E. G., & Mullan, J. T. (1981). The stress process. *Journal of Health and Social Behavior*, 22, 337–356.

- Pearlin, Leonard J Health Soc Behav. 1989 Sep;30(3):241-56
- Pingitore, D., & Scheffler, R. M. (2005). Practice Patterns Across the Clinical Life Span: Results From the California Survey of Psychological Practice. *Professional Psychology: Research And Practice*, 36(4), 434-440. doi:10.1037/0735-7028.36.4.434
- Reardon, Christina (2011). *Social Work Today*, 11(10), 1-11.chaufeli, W.B. and Enzmann, D. (1998) *The Burnout Companion to Study and Practice: A Critical Analysis*. London: Taylor and Francis.
- McLaughlin Renpenning, Kathrine; Taylor, Susan G.: *Self-Care Theory in Nursing. Selected Papers of Dorothea Orem*. New York, Springer Publishing Comp. 2003.
- Saakvitne, K. A., & Pearlman, L. A. (1996). *Transforming the pain: A workbook on vicarious traumatization*. New York, NY: W. W. Norton Co.
- Siebert, D. C. (2004). Depression in North Carolina social workers: Implications for practice and research. *Social Work Research*, 28(1), 30-40.
- Skovholt, T. M. (2001). *The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals*. Boston, MA: Allyn & Bacon.
- Soderfeldt, M., Soderfeldt, B., & Warg, L. (1995). Burnout in social work. *Social Work*, 40(5), 638-646.
- Stamm, B. H. (2009). Professional quality of life: Compassion satisfaction and fatigue scale. Retrieved from http://www.proqol.org/uploads/ProQOL_5_English.pdf
- Stamm, B. H. (2010). The concise ProQOL manual. Retrieved from http://proqol.org/uploads/ProQOL_Concise_2ndEd_12-2010.pdf
- State Auditor, (March 2012) Los Angeles County Department of Children and Family Services: Management Instability Hampered Efforts to Better Protect Children, 1-93.
- Sze, W. C., & Ivker, B. (1986). Stress in social workers: The impact of setting and role. *Social Casework*, 67(3), 141-148.
- Valent, P. (2002). Diagnosis and treatment of helper stresses, traumas, and illnesses. In C. R. Figley (Ed.), *Treating compassion fatigue* (pp. 17-38). New York, NY: Brunner-Routledge.

Weiss, L. (2004). Therapists guide to self-care. New York, NY: Brunner-Routledge.